

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>7/26/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>10 10-2-00</i>	<i>11-2-00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>7531</i>	<i>11-2-00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>7531</i>	<i>11-2-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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